619	PART B - FEE(S) TRANSMITTAL							2
1	this form, together wi	th applicable f	ee(s), to: <u>M</u>	<u>(ail</u>	Mail Stop ISSUE Commissioner for P.O. Box 1450	FEE r Patents		•
MAY 0 5 2005	,		· TC	7	Alexandria, Virg	inia 22313-	1450	
13			or <u>F</u>		(703) 746-4000	and) Disales 1	Abanah 6 a	bould be commisted astron
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01 FC:2501 700.00 GP 02 FC:1504 300.00 GP					Sara A. Loft	Tis C	alle	(Signature)
06 L011004	50				May 3, 2005			(Date)
APPLICATION NO.	NO. FILING DATE			FIRST NAMED INVENTOR ATTO			OCKET NO.	CONFIRMATION NO.
10/624,813	07/22/2003 Brent Schaef							6639
TITLE OF INVENTION: N	MULTI PLANE PLUMB LE	VEL						
APPLN. TYPE	SMALL ENTITY	ISSUE F	SUE FEE PUBL		BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	YES	\$700		\$300		\$1000		06/01/2005
EXAMINER ART U			· · · · · · · · · · · · · · · · · · ·					
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<ol> <li>Change of correspondenc CFR 1.363).</li> </ol>	e address or indication of "F	ee Address" (37		_	the patent front page, li- up to 3 registered pater	-	Grego:	ry L. Roth
Change of correspondence address (or Change of Correspondence or a				OR, alter	natively,		2	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print o	or type)	-		
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified ben 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appe T a substitute f	ear on the	he patent. If an assign g an assignment.	ee is identified	below, the o	locument has been filed for
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Please check the appropriate	e assignee category or catego	ories (will not be pr	inted on the pa	atent):	Individual Co	orporation or of	her private gr	oup entity 🚨 Government
a. The following fee(s) are			. Payment of I					<del></del>
Issue Fee A check in the amount of the fee(s) is enclosed.  Publication Fee (No small entity discount permitted)  Payment by credit card. Form PTO-2038 is attached.								
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	•		Deposit Acco	ount Nu	mber <u>18–2066</u>	(encl	ose an extra c	credit any overpayment, to copy of this form).
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.			longer claiming SMA			
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